



**STATE OF CONNECTICUT**  
**Department of Developmental Services**  
**Minimum Preventive Care Guidelines For Persons With Intellectual/Developmental Disabilities**

Procedure	19-39 Years	40-49 Years	50-64 Years	65 and Over
<b>Preventive Health Visit</b>				
<ul style="list-style-type: none"> <li>▪ Height &amp; weight</li> <li>▪ Blood pressure</li> <li>▪ Skin exam</li> <li>▪ Breast /Testicular exam</li> </ul>	Annually	Annually	Annually	Annually
<b>Lab Work</b>				
Cholesterol screening	Men over 35 - every 5 years	Women over 45 - every 5 years	Every 5 years	Every 5 years
Diabetes Screening	Once every three years or as clinically indicated			
Liver Function	Annually for Hepatitis B carrier; At frequency indicated for monitoring secondary to medication use			
Thyroid Function	Every 3 years for persons with Down Syndrome; clinical discretion for others	Every 3 years for persons with Down Syndrome; clinical discretion for others	Every 3 years for persons with Down Syndrome; clinical discretion for others	Every 3 years for persons with Down Syndrome; clinical discretion for others
<b>Screenings</b>				
Hearing and Vision screening	Annual; Re-evaluate if change	Annual; Re-evaluate if change	Annual; Re-evaluate if change	Annual; Re-evaluate if change
Vision Exam for Glaucoma screening	Persons at high risk	Ever 2 - 4 years	Every 1 - 2 years	
Hypertension	Annually	Annually	Annually	Annually
Osteoporosis screening (Bone density testing)	High risk persons (mobility impairments, certain meds that can affect bone density)		Post-menopausal women or High risk persons	Post-menopausal women or High risk persons
Dysphagia and Swallowing Risk screening	On-going observation for signs of difficulty swallowing especially in high risk populations; Further evaluation including Modified Barium Swallow as appropriate to symptoms and health history.			
<b>Cancer Screenings</b>				
Breast Cancer: Breast Exam	Clinical breast exam by PCP annually; Monthly examination only by PCP as recommended; Self-examination instruction as appropriate			
Breast Cancer: Mammography	Not indicated except for those women identified at risk	Every 1-2 years		
Cervical Cancer: Pap Smear	Every 3 years	Every 3 years	Every 3 years	Not indicated if no prior abnormal results
Colorectal Cancer: Stool for Occult Blood (set of 3 guaiac cards & rectal exam)	Clinical discretion	Clinical discretion	Annually	Annually
Colorectal Cancer: Sigmoidoscopy/ Colonoscopy	Not indicated	Clinical discretion for high risk	Every 5-10 years	Every 5-10 years
Testicular Cancer: Testicular exam	Clinical testicular exam by PCP; Self-exam instruction as appropriate			
Prostate Specific Antigen (PSA)	Not indicated	Not routine except for men at high risk (family history)	Clinical discretion	Clinical discretion



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<b>Cardiac Screening</b>				
Electrocardiogram (EKG/ECG)	Not indicated unless advised due to use of certain medication	Baseline testing at 40		
Echocardiogram	Obtain baseline for persons with Down Syndrome if no record of cardiac function available.			
<b>Mental Health</b>				
Depression Screening	Ongoing observations for signs that indicate changes in sleep patterns, appetite, weight status, and activity level that may indicate depression			
Dementia Screening	Ongoing observations for signs that indicate changes in ability to perform daily living activities	Ongoing observations for signs that indicate changes in ability to perform daily living activities especially in persons with Down Syndrome after the age of 40.		
<b>Infectious Disease Screening</b>				
Tuberculosis screening	Mantoux Tuberculin Skin Testing (TST) recommended every two years			
Hepatitis B and C	Clinical discretion if risk factors present			
Human Immunodeficiency Virus (HIV)	Periodic testing if at risk			
Chlamydia and Sexually Transmitted Diseases (STDs)	Screen all sexually active under 25 yrs. Over 25 years, screen only those with risk factors such as multiple partners, or inconsistent use of barrier contraceptives.			
<b>Immunizations</b>				
Polio, MMR, Tdap	As recommended by the CDC throughout the adult lifespan			
Varicella	As recommended by the CDC but verification of disease immunity for persons who live/lived in group settings is critical			
Influenza Vaccine	Annually	Annually	Annually	Annually
Pneumococcal Vaccine	Once before age 65 if at risk			Once over age 65
Hepatitis B vaccine	Recommended series once; Check antibody status as necessary			
Hepatitis A vaccine	High risk	High risk	High risk	High risk
Herpes Zoster Vaccine (Zostavax)	Not indicated		Once over age 60 for those who lack evidence of immunity (documentation of vaccination or evidence of infection)	
Human Papilloma Virus (HPV)	Series recommended for potentially sexually active women between 9 and 26	Not indicated	Not indicated	Not indicated
<b>X-Ray</b>				
Cervical spine to rule out Atlanto-Axial Instability	Persons with Down Syndrome			
<b>Counseling</b>				
Lifestyle counseling	Annually (Includes information on health and wellness, accident prevention, sexuality information, safety considerations as appropriate			